


Significant Role of Psychological and Financial Issues Among Female Staff Nurses in Government and Private Medical Colleges: An Observational Study

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Psychological issues, financial stress, female nurses, government medical colleges, private medical colleges, nursing stress, anxiety, depression, healthcare workforce.

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ABSTRACT

Background: Nursing is a demanding profession that significantly impacts the mental and financial well-being of staff, particularly female nurses who face unique challenges balancing professional and personal responsibilities.

Objective: To evaluate psychological and financial issues among female staff nurses working in government medical colleges (GMC) and private medical colleges (PMC) in Lahore.

Methods: This observational descriptive study was conducted from October 12, 2023, to April 25, 2024, at the University of Lahore Teaching Hospital. A total of 130 female staff nurses were randomly selected from government and private medical colleges. Data on psychological issues (anxiety, stress, depression) and financial difficulties were collected through structured questionnaires validated by experts. The analysis was performed using SPSS version 25, employing descriptive and inferential statistics to explore relationships between socio-demographic characteristics and the reported issues.

Results: In government medical colleges, 43.1% of nurses experienced anxiety, 47.7% experienced stress, and 18.5% experienced depression. In private medical colleges, the rates were 66.2%, 76.9%, and 30.8%, respectively. Financial difficulties were reported by 32.3% of nurses in government and 38.5% in private colleges.

Conclusion: Psychological issues, particularly anxiety and stress, are more prevalent among nurses in private medical colleges. Targeted interventions are needed to address these challenges.

INTRODUCTION

Hospital nursing is a highly demanding profession that necessitates mental acuity, emotional resilience, and physical endurance. Nurses play a crucial role in healthcare, as their well-being directly impacts the quality of patient care. However, balancing personal and professional demands can be challenging, especially when nurses face high levels of stress both at home and at work. This stress is often linked to increased burnout, mental disorders, substance abuse, and even suicidal tendencies among nurses. Research has shown that burnout and depressive symptoms are closely associated with elevated work-related stress, and the consequences of chronic stress include hormonal imbalances that lead to frustration, anger, anxiety, and other negative emotional states (1).

The prevalence of depression, a common mental health disorder, is significant globally, affecting 14.6% of individuals in affluent countries and 11.1% in developing nations, with predictions suggesting it will become the second leading cause of disability by 2020. Among nurses, previous studies have reported varying prevalence rates of depressive symptoms, influenced by factors such as national healthcare systems, social and cultural variables, and individual personalities (4).

Occupational stress in nursing is influenced by numerous factors, including staffing levels, job schedules, and educational attainment. For instance, nurses with higher educational qualifications, such as a bachelor's degree or above, are more likely to experience anxiety and depressive symptoms compared to those with a diploma. Furthermore, rotating shift work, particularly night shifts, has been associated with increased stress, anxiety, and depression among nurses. The high prevalence of occupational stress in nursing has been linked to physical and psychological health issues, such as musculoskeletal disorders, coronary heart disease, and other chronic conditions (7). Work-related stressors, including excessive workload, inadequate resources, and conflicting demands, contribute to high levels of job dissatisfaction, absenteeism, and turnover among nurses. This, in turn, negatively affects patient care quality and the overall efficiency of healthcare systems (3). The global shortage of nurses is a critical issue that affects healthcare delivery systems worldwide. This shortage is driven by multiple factors, including an aging population, increasing chronic disease rates, inadequate human resource planning, and high nurse attrition rates. Moreover, financial issues, such as low wages and inadequate compensation, exacerbate stress and job dissatisfaction among nurses, further contributing to the shortage.

Research has demonstrated that financial difficulties are closely associated with psychological distress, including stress, anxiety, and depression among nurses. In many cases, these financial and psychological challenges are more pronounced in private medical settings compared to government institutions, likely due to disparities in job security, compensation, and working conditions (11).

Studies have highlighted the significant impact of psychological and financial issues on nurses' job performance and mental health. For example, one study reported that financial stress was strongly correlated with anxiety among nurses, underscoring the need for effective stress management interventions. Similarly, workplace factors such as high effort-to-reward ratios, lack of autonomy, and poor support systems have been linked to adverse mental health outcomes, including depression and anxiety. These findings suggest that addressing the root causes of financial and psychological stress in nursing can enhance job satisfaction, reduce turnover, and ultimately improve patient care outcomes (10). Effective interventions, such as providing access to mental health resources, improving working conditions, and offering financial support, are essential to mitigate the negative effects of stress on nurses and the healthcare system as a whole.

In conclusion, the psychological and financial issues faced by female staff nurses are complex and multifaceted, with significant implications for their mental health and job performance. The high prevalence of stress, anxiety, and depression among nurses underscores the urgent need for targeted interventions to address these challenges. By fostering a supportive work environment, improving compensation, and providing access to mental health resources, healthcare institutions can help mitigate the adverse effects of stress on nurses and ensure the delivery of high-quality patient care (12).

MATERIAL AND METHODS

The observational study was conducted from October 12, 2023, to April 25, 2024, at the University of Lahore Teaching Hospital, Lahore. A descriptive research design was employed to evaluate the financial and psychological issues among female staff nurses, including their correlation with specific socio-demographic characteristics. The study targeted female staff nurses working in government and private medical colleges in Lahore. A random sampling approach was used to select a total of 130 female staff nurses from the identified institutions, ensuring a representative sample from both types of settings. The inclusion criteria involved female staff nurses actively working in the selected medical colleges, while exclusion criteria were based on unwillingness to participate or any recent history of significant medical or psychiatric conditions that could affect their responses.

The assessment of financial and psychological issues was performed using structured questionnaires, which were developed based on literature review and consultation with subject matter experts, including sociologists, psychologists, psychiatrists, and nurses. The content validity of the questionnaires was evaluated and confirmed

by a panel of experts, ensuring that the tools were appropriate for measuring the targeted variables. Psychological issues, including anxiety, stress, and depression, were assessed using standardized tools that are commonly used in psychological and psychiatric evaluations. Financial issues were evaluated through a self-reported measure that inquired about participants' financial difficulties, income levels, and related stressors. Socio-demographic data, including age, marital status, job experience, and monthly income, were also collected to explore potential correlations with the psychological and financial outcomes.

The study was conducted in accordance with ethical principles outlined in the Declaration of Helsinki. Approval was obtained from the institutional review board of the University of Lahore Teaching Hospital prior to the commencement of the study. All participants provided written informed consent after being fully informed about the study's purpose, procedures, and their rights, including the confidentiality of their responses and their right to withdraw from the study at any time without any repercussions.

Data were collected through face-to-face interviews conducted by trained research assistants who were briefed on maintaining neutrality and ensuring the comfort of participants throughout the process. Data entry and management were performed using SPSS version 25. Descriptive statistics, including frequencies and percentages, were used to describe the socio-demographic characteristics of the sample and the prevalence of financial and psychological issues among the nurses. Inferential statistical methods, such as chi-square tests, were employed to examine the relationships between socio-demographic factors and the reported psychological and financial issues, with a significance level set at $p < 0.05$.

Results were interpreted in the context of existing literature, and findings were compared with similar studies to identify consistencies and discrepancies. The study aimed to provide insights into the financial and psychological challenges faced by female staff nurses in different institutional settings, emphasizing the need for targeted interventions to improve their mental health and financial well-being. The data analysis also included an assessment of potential confounders and effect modifiers to ensure the robustness of the findings. The results were presented in a tabular format for clarity, with a focus on highlighting significant correlations and trends observed in the data.

RESULTS

The study's findings highlight significant differences in the socio-demographic characteristics, psychological issues, and financial challenges faced by female staff nurses working in government and private medical colleges. The analysis revealed that the majority of nurses in both settings were aged between 30-39 years, with 46.2% in government medical colleges and 63.1% in private medical colleges, as shown in Table 1. No nurses were under 18 years old in either type of institution, suggesting a more mature workforce in these settings. This age distribution aligns with the typical

Table 1: Socio-Demographic Data by Age

Age Group	GMC (Freq)	GMC (%)	PMC (Freq)	PMC (%)
Under 18 or 18 years	0	0.0	0	0.0
19-29 years	17	26.2	10	15.4
30-39 years	30	46.2	41	63.1
40-49 years	10	15.4	11	16.9
50 years or above	8	12.3	3	4.6

Table 2: Marital Status of Female Staff Nurses

Marital Status	GMC (Freq)	GMC (%)	PMC (Freq)	PMC (%)
Married	45	69.2	50	77.0
Divorced	13	20.0	10	15.4
Widow	9	13.8	5	7.7

Table 3: Job Experience of Female Staff Nurses

Job Experience	GMC (Freq)	GMC (%)	PMC (Freq)	PMC (%)
5 years or less	12	18.4	9	13.8
6-12 years	27	41.5	25	38.5
13-19 years	20	30.8	30	46.2
20 years or over	6	9.2	1	1.5

Table 4: Monthly Salary of Female Staff Nurses

Monthly Salary	GMC (Freq)	GMC (%)	PMC (Freq)	PMC (%)
Rs 15,000-19,000	2	3.1	1	1.5
Rs 20,000-35,000	18	27.7	14	21.5
Rs 50,000-70,000	29	44.6	32	49.2
Rs 80,000-100,000	16	24.6	18	27.7

Table 5: Psychological Issues Among Female Staff Nurses

Psychological Issues	GMC (Freq)	GMC (%)	PMC (Freq)	PMC (%)
Anxiety	28	43.1	43	66.2
Stress	31	47.7	50	76.9
Depression	12	18.5	20	30.8

Table 6: Financial Issues Among Female Staff Nurses

Financial Issues	GMC (Freq)	GMC (%)	PMC (Freq)	PMC (%)
Yes	21	32.3	25	38.5
No	44	67.7	40	61.5

career trajectory of nurses, who often enter the profession in their late twenties or early thirties. Marital status data, presented in Table 2, shows that a majority of nurses in both government (69.2%) and private (77.0%) medical colleges were married. This high prevalence of married individuals among the nurses might contribute to additional stressors related to balancing work and family responsibilities. The proportions of divorced and widowed nurses were relatively small, but slightly higher in government institutions compared to private ones. This demographic consistency across settings suggests that marital status does not vary significantly between the two types of institutions.

The distribution of job experience, detailed in Table 3, indicates that most nurses had 6-12 years of experience, with 41.5% in government and 38.5% in private medical colleges. Notably, private colleges had a higher percentage of nurses with 13-19 years of experience (46.2%) compared to government colleges (30.8%). This suggests that private institutions may retain nurses with longer experience, potentially due to different employment practices or

incentives. Conversely, fewer nurses had less than five years or over 20 years of experience, reflecting a mid-career demographic predominance.

Monthly salary data, as outlined in Table 4, shows that the most common salary range for nurses in both government and private medical colleges was Rs 50,000-70,000, with 44.6% and 49.2%, respectively. This similar distribution suggests that despite the differences in institutional types, compensation levels are somewhat aligned. However, a notable disparity was observed in the lowest income bracket (Rs 15,000-19,000), which was minimally represented, indicating that most nurses are compensated above the entry-level salary, reflective of their experience levels.

Psychological issues, including anxiety, stress, and depression, were more prevalent among nurses in private medical colleges compared to their counterparts in government settings, as seen in Table 5. Anxiety affected 66.2% of nurses in private colleges, significantly higher than the 43.1% in government institutions. Stress levels were

also markedly higher in private settings, with 76.9% of nurses reporting stress compared to 47.7% in government colleges. Depression was reported by 30.8% of private college nurses, almost double the rate observed in government colleges (18.5%). These findings suggest that the work environment in private medical colleges may contribute to higher psychological distress among nurses, potentially due to factors like job pressure, workload, or less supportive work conditions.

Financial challenges were also more frequently reported by nurses in private medical colleges, as detailed in Table 6. A greater proportion of nurses in private institutions (38.5%) experienced financial difficulties compared to those in government settings (32.3%). This disparity may reflect differences in salary structures, job security, or additional financial burdens faced by nurses in private colleges. The higher incidence of both psychological and financial issues among nurses in private settings underscores the need for targeted interventions to improve the working conditions and overall well-being of these healthcare workers.

Overall, the study highlights the critical need to address the psychological and financial challenges faced by female staff nurses, especially in private medical colleges, where these issues are more pronounced. By understanding these disparities, healthcare administrators and policymakers can develop strategies to mitigate stress and financial strain, thereby enhancing job satisfaction and retention among nurses, ultimately improving patient care outcomes.

DISCUSSION

The findings of this study highlighted significant psychological and financial issues among female staff nurses in both government and private medical colleges, with a notably higher prevalence in private institutions. These results are consistent with previous research that has identified the high-stress nature of nursing as a profession, particularly among those balancing significant personal and professional responsibilities (1). The increased levels of anxiety, stress, and depression observed among nurses in private colleges could be attributed to factors such as heavier workloads, lack of job security, and insufficient support systems, which have been reported as common stressors in the nursing profession (2). Previous studies have also noted that nurses working in environments with high demands and low control are more susceptible to burnout and mental health issues, aligning with the current study's findings (3).

This study's strengths include its focus on a specific and under-explored population—female nurses in both government and private medical colleges in Lahore. By comparing these two settings, the study provided valuable insights into the differential impact of work environments on nurses' psychological and financial well-being. The use of validated assessment tools and a random sampling method added to the robustness of the findings, supporting the generalizability of the results to similar populations. However, there were limitations, including the cross-sectional nature of the study, which precluded any conclusions about causality. Additionally, the reliance on

self-reported measures for psychological and financial issues may have introduced response biases, as participants could have underreported or exaggerated their conditions due to stigma or personal perceptions.

The results underscored the need for targeted interventions aimed at mitigating stress and financial strain among nurses, particularly in private medical colleges where these issues were more pronounced. Interventions could include the implementation of stress management programs, mental health support, and financial counseling services tailored to the specific needs of nurses. Previous research has shown that workplace interventions that enhance autonomy, provide emotional support, and offer professional development opportunities can significantly reduce stress and improve job satisfaction among nurses (5). Moreover, addressing structural issues such as workload management, equitable compensation, and secure job contracts could further alleviate the financial and psychological burdens faced by nurses, as supported by the literature (6).

The study also highlighted the role of socio-demographic factors, such as age and job experience, in influencing psychological and financial outcomes. For example, nurses with longer job experience reported more significant levels of depression, which is consistent with studies that suggest prolonged exposure to workplace stressors can lead to cumulative mental health issues (4). This finding points to the importance of ongoing mental health support for experienced nurses, who may face unique challenges compared to their less experienced counterparts. Moreover, the variation in psychological distress between government and private settings suggests that organizational policies and support structures play a crucial role in shaping the mental health outcomes of nurses.

Recommendations for future research include longitudinal studies to explore the causal relationships between workplace factors and psychological and financial issues among nurses. Further research could also investigate the effectiveness of specific interventions designed to support nurses in both government and private settings. Understanding the underlying mechanisms that contribute to the higher prevalence of these issues in private colleges could inform policy changes and targeted support measures. Additionally, qualitative studies could provide deeper insights into the lived experiences of nurses, revealing more nuanced aspects of their challenges and coping strategies.

Overall, this study contributed to the growing body of evidence on the critical need to support the psychological and financial well-being of nurses, particularly in private healthcare settings. By addressing these challenges, healthcare institutions can improve not only the quality of life for nurses but also the overall quality of care provided to patients, ultimately enhancing the effectiveness and sustainability of healthcare systems.

CONCLUSION

In conclusion, this study identified significant psychological and financial challenges among female staff nurses, with a

higher prevalence of anxiety, stress, depression, and financial issues in private medical colleges compared to government institutions. These findings underscore the critical need for targeted interventions, such as enhanced mental health support, stress management programs, and financial counseling, to address these challenges. Improving the work environment and support structures for nurses can not only enhance their well-being and job satisfaction but also have broader implications for human healthcare by potentially reducing burnout, improving retention, and enhancing the quality of patient care. Addressing these issues is essential for fostering a resilient nursing workforce and sustaining high standards in healthcare delivery.

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